

STATE BOARD OF PSYCHOLOGY
SUPERVISORY PLANS AND GOALS

From _____ to _____

Supervisee _____

Business Address _____

Phone _____

Fax _____

Supervisor _____

Business Address _____

Phone _____

Fax _____

Supervisee's Place of Employment _____ which is a:
(check one of the following)

_____ Regional Mental Health/Mental Retardation Board

_____ College or University

_____ Government Agency

_____ Private Practice (above supervisor owns the private practice)

_____ Other (special application must be submitted for Board approval per 201 KAR 26:250)

Planned frequency, format & duration of supervision:

_____ Weekly, individual face-to-face, one hour

_____ Other Board approved arrangement, please specify and attach a copy of approval letter _____

_____ Additional intended supervision, please specify _____

GOALS TO BE ACCOMPLISHED:

METHODS TO JOINTLY EVALUATE SUPERVISORY PROCESS:

_____ Submit Supervisory Reports

_____ Direct Observation, please describe _____

_____ Other, please describe _____

*****Please attach copy of letter from Board approving clinical supervision*****

Supervisee _____

Date _____

Supervisor _____

Date _____

Home Telephone _____

Home Telephone _____

STATE BOARD OF PSYCHOLOGY

SUPERVISORY REPORT

Supervisee _____

Title _____

Supervisor _____

Dates of supervision covered by this report _____

Frequency, format, & duration of supervision:

_____ Weekly, individual face-to-face, one hour

_____ Other Board approved supervisory arrangement, please specify _____

_____ Additional Supervision provided, please describe _____

Supervisory Report submission requirements:

_____ 6 months _____ 1 year _____ 2 years _____ Other, please indicate _____

EVALUATION OF SUPERVISEE

STRENGTHS

WEAKNESSES

(Address remediation of weaknesses in next Supervisory Plans & Goals)

STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROCESS:

FOR BOARD USE ONLY

Date Report Reviewed _____

_____ Accepted _____ Rejected

Comments and /or Follow Up: _____

Reviewed by _____

EXCEPTIONAL	GOOD	COMPETENT	POOR	UNACCEPTABLE	
1) Foundations in psychological theory.					
5	4	3	2	1	NA
2) Ability to conceptualize and organize cases.					
5	4	3	2	1	NA
3) Ability to formulate diagnostic impressions from interviews.					
5	4	3	2	1	NA
4) Ability to formulate diagnostic impressions from formal assessment procedures.					
5	4	3	2	1	NA
5) Ability to manage time and caseload responsibilities competently.					
5	4	3	2	1	NA
6) Practice/intervention skills.					
5	4	3	2	1	NA
7) Ability to produce written reports and evaluations that are theoretically sound and supported by the data.					
5	4	3	2	1	NA
8) Ability to utilize consultation/supervisory process.					
5	4	3	2	1	NA
9) Ability to conduct practice in a legal and ethical manner.					
5	4	3	2	1	NA

*****NOTE: Ratings below "3" should be addressed in next Supervisory Plans & Goals*****

OTHER COMMENTS: _____

Supervisor	Date	Supervisee	Date
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**KENTUCKY STATE BOARD OF PSYCHOLOGY
SPECIAL APPLICATION
EMPLOYMENT OF A PSYCHOLOGICAL ASSOCIATE**

PSYCHOLOGICAL ASSOCIATE

SUPERVISOR

EMPLOYER

(Name)

(Name)

(Name)

(Address)

(Address)

(Address)

(Telephone)

(Fax)

(Telephone)

(Fax)

(Telephone)

(Fax)

We the undersigned hereby certify that:

- (1) The supervising licensed psychologist is not hired, employed or engaged under contract by the psychological associate and shall not be terminated by the psychological associate;

- (a) Who is the employer for the supervising psychologist and how and by whom is he/she reimbursed.

- (2) The psychological associate is not one of the owners of the independent practice or organization, but rather serves as an employee;

- (b) The owner of the agency/practice is _____. Give details of employment relationship.

- (3) The psychological associate has both administrative and clinical supervision which are provided by the independent practice or organization.

- (c) Please name the Administrative Supervisor: _____

(Name)

Psychological Associate

(Date)

Licensed Psychologist (Supervisor)

(Date)

Employer

(Date)